FY 17 Rate Sheet

Procedure Price Current Rates Price Cu							
EVALUATION AND MANAGEMENT CODES:		Procedure	FY 16 Current Rates	FY 17 New Rates		PROVIDER	PROVIDER
Nov. Platent. Proceeding Council Flations and Exam. Stangisherward Doc Miles	SERVICE DESCRIPTION	codes	7/1/15 until 8/31/16	Effective 9/1/16	BILLING UNIT	TYPE	SPECIALTY
Nov. Platent. Proceeding Council Flations and Exam. Stangisherward Doc Miles							
New Patient, Espanded Problem boused History and Exam, Straightforward Des Mileg 99002 70.77 72.18 Refer to AMA manual 37 \$12							
Nave Patient, December Detailed History and Exam; Low Complexity Des Miles 990203 98.22 100.18 Refer to AMA manual 37 S12							
New Patent, Comprehensive History and Exam. High Complexity Dex Mild 99204 186.06 171.42 Refer to AMA manual 37 S12 S12 S12 S12 S12 S13 S14							
New Teathert, Comparehamister, History and Esam, High Complesity Dee Mide 99026 216.38 220.71 Refer to AMM manual 37 S12							
Estab Patent Minimal proclam (Physician need not be present, key components not required 99/21 7.56 7.71 Refer to AMA manual 37 S12							
Esab-Patient, Problem fooused History and Exam; Straightforward Dec Misq.							
Estab Patent, Expanded Problem foused History and Exam. Low Complexity Dee Mig							
Estab Patient, Detailed History and Exam. Mold Complexity Dec Mkg							
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INITIAL PSYCHIATRIC DIAGNOSTIC EVALUATION- no medical service 99791 100.18 102.18 Refer to AMA manual 37 \$12	2002 Fallong Completions Field Fall Example 1990 Fine	002.0	0.100	00	rtoror to 7 mm r marradi	<u> </u>	0.2
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PSYCHOTHERAPY 30 minutes with indiv or fam member	INITIAL PSYCHIATRIC DIAGNOSTIC EVALUATION- no medical service		100.18	102.18	Refer to AMA manual	37	S12
PSYCHOTHERAPY 60 minutes with indiv or fam member 90834 97.66 99.61 Refer to ANA manual 37 \$12 PSYCHOTHERAPY 60 minutes with indiv or fam member 90837 130.21 132.82 Refer to ANA manual 37 \$12 PSYCHOTHERAPY without patient present 90846 130.21 132.82 Refer to ANA manual 37 \$12 PSYCHOTHERAPY without patient present 90846 130.21 132.82 Refer to ANA manual 37 \$12 PSYCHOTHERAPY without patient present 90846 130.21 132.82 Refer to ANA manual 37 \$12 SROUP PSYCHOTHERAPY 90853 41.00 41.82 1 unit=1 session 37 \$12 ADD ON USED WITH EM 30 min psychotherapy 90853 41.00 41.82 1 unit=1 session 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90853 41.00 41.82 1 unit=1 session 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 89.86 91.45 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 119.54 121.93 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 4.01 4.00 4.09 Refer to ANA manual 37 \$12 ADD ON USED WITH EM 50 min psychotherapy 90858 90858 90858 90858 90858 90858 90858 90858 90858 90858 90858	INITIAL PSYCHIATRIC DIAGNOSTIC EVAL- with medical service	90792	103.40	105.47	Refer to AMA manual	37	S12
PSYCHOTHERAPY 60 minutes with indiv or fam member	PSYCHOTHERAPY 30 minutes with indiv or fam member	90832		42.70		37	
FAMILY PSYCHOTHERAPY - with patient present	PSYCHOTHERAPY 45 minutes with indiv or fam member	90834	97.66	99.61	Refer to AMA manual	37	
FAMILY PSYCHOTHERAPY - with patient present 99.047 130.21 132.82 Refer to AMA manual 37 512				132.82			
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New or Estab Patient, Detailed History and Exam; Low Complexity Dec Mkg 99243 123.56 126.03 Refer to AMA manual 37 S12							
New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg 99244 196.69 200.62 Refer to AMA manual 37 S12							
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ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT), MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE; EMERGENCY CARE HO007 58.44 59.61 1 unit = 15 min 37 S12 BEHAVIORAL HEALTH LONG TERM RESIDENTIAL: PNMI HO019 Pay as billed Pay as billed Pay as billed Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 minutes = \$29.99 (FY 09) Pay as billed 15 mi	Tow Falloni, Comprehensive Flistory and Exam, Moderate Complexity Dec Wing						
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MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE, CHEMOTHERAPY CRISIS INTERVENTION SERVICES H2010 FS.08 FS.12 H2010 FS.08 H2011 FS.08 H2011 FS.08 H2011 FS.08 H2011 FS.08 H2011 FS.08 H2011 FS.08 FS.06 Refer to DMH Medicaid Manual FR.07 Refer to DMH Medicaid Manual FR.07 FS.07 FR.07 FR.0							
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT					15 minutes = \$29.99 (FY 09)		S12
COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE, CHEMOTHERAPY CRISIS INTERVENTION SERVICES H2010 55.08 56.18 1 unit=1 session 37 S12 CRISIS INTERVENTION SERVICES KILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT H2014 9.17 9.35 Refer to DMH Medicaid Manual 37 S12 PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE H2017 THERAPEUTIC BEHAVIORAL SERVICES: THERAPEUTIC BEHAVIORAL SERVICES **Family Therapy Modifier (HR: When client is present, HS: When client is not present) C.E.R.T H2019 Pay as billed Pay as billed Pay as billed 1 unit=1 session 37 S12 PSYCHOSOCIAL REHABILITATION SERVICES: THERAPEUTIC BEHAVIORAL SERVICES **Family Therapy Modifier (HR: When client is present, HS: When client is not present) PAUD Pay as billed Pay as billed Pay as billed 1 unit=1 day Pay as billed 1 unit=1 day Pay as billed Pay as bi					,		
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SKILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT H2014 9.17 9.35 Refer to DMH Medicaid Manual 37 S12 PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE H2017 THERAPEUTIC BEHAVIORAL SERVICES: THERAPEUTIC BEHAVIORAL SERVICES **Family Therapy Modifier (HR: When client is present, HS: When client is not present) H2019 26.85 27.39 Refer to DMH Medicaid Manual 37 S12 C.E.R.T H2020 Pay as billed Pay as billed 1 unit=1 session 37 S12 COMMUNITY BASED WRAP AROUND SERVICES: Waiver Services H2032 Pay as billed Pay as billed 1 unit = 1 day 39 & T34 S25 & S31 ACTIVITY THERAPY: GROUP THERAPY H2032 12.46 12.71 Refer to DMH Medicaid Manual 37 S12							
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ACTIVITY THERAPY: GROUP THERAPY H2032 12.46 12.71 Refer to DMH Medicaid Manual 37 S12	COMMUNITY BASED WRAP AROUND SERVICES: Waiver Services				1 unit = 1 day	39 & T34	
	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE	T2003	14.71	15.00	1 unit = 1 trip	37	S12

SFI	T2038	Pay as billed	Pay as billed	1 unit = 1 month	37	S12
School Based Clinicians Bundled Rate (Non PBIS)	H0023	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12
School Based Clinicians Bundled Rate (PBIS)	H0023/CG	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12
JOBS	H0040	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12
IFS Bundled Rate (CSAC/PCC)	T2025 HW	Specific to DA	Specific to DA	1 unit = 1 month	37	S12
Bundled Rate (NFI, HC)	H0046	Specific to DA	Specific to DA	Refer to DMH Medicaid Manual	37	S12